

**Office of Central Inspection
Conditional Permit Checklist**

Yes No

Project _____

Address _____

Project No. _____

Zoning

- _____ 1. The use of the proposed building is located in the correct zoning district. _____
- _____ 2. If property is being rezoned to allow the proposed use, approval has been given by City Council for the rezoning.
- _____ 3. The plat or replat has been scheduled for approval by City Council by the Planning Department.
- _____ 4. If the proposed building is located in a Community Unit Plan or Planned Unit Development (DP-CUP _____ or PUD _____) or Protective Overlay (ZON _____), the General and Specific Requirements have been met on the plans or through MAPD approvals.
- _____ 5. If the use of the proposed building requires a Conditional Use (CON _____), the Conditions of the Conditional Use have been met on the plans or through required MAPD approvals.
- _____ 6. If the proposed building requires special procedures (Administrative Adjustment, Variances, or Vacation), the architect has received commission, board, or council approval. If not approved, has the application been submitted to MAPD? Yes _____ No _____

Site Plan/Grading Plan

- _____ 7. The Site Plan contains a Legal Description.
- _____ 8. The proposed building site is platted, or grand fathered, or the cumulative building expansions are less than 30 percent of the original existing buildings.
- _____ 9. The locations and dimensions of the property lines, the building setback lines, and the easements on the Site Plan match the Plat.
- _____ 10. The Site Plan shows no proposed building or addition beyond the building setback lines required by the Plat, the Unified Zoning Ordinance, the Community Unit Plan, the Planned Unit Development, or the Protective Overlay.
- _____ 11. The Site Plan shows no proposed building or addition, masonry trash enclosure, and light poles in the easement.
- _____ 12. The Site Plan shows the correct location and number of drive approaches.
- _____ 13. The Site Plan shows the correct number of parking spaces.
- _____ 14. The Site Plan shows the correct layout of the parking spaces and drives in the parking lot.
- _____ 15. The Private Projects for the extension of water and sanitary sewer lines have been approved by the Engineering Division of the Public Works Department.
- _____ 16. If the proposed building is located in a Local or Federal Floodplain, the Grading Plan and the Building Plans match the required minimum pad elevations requirements, and appropriate Floor Plan Development Permits have been submitted.
- _____ 17. The Grading Plan matches the approved Drainage Plan for the plat or the Design Standards for drainage of commercial lot.
- _____ 18. NPDES NOI Application has been filed if 5 acres or more is being disturbed.

Structural Plans/Building Plans

- _____ 19. The Foundation Plan shows no footing of the proposed building located in any easement.
- _____ 20. The Structural Notes indicate the Design Loads used to design the proposed building.
- _____ 21. The occupancy group(s) and construction type(s) of the proposed building meets the International Building Code as locally amended.

Comments: _____

Signature _____

Date _____

OFFICE OF CENTRAL INSPECTION
PLAN REVIEW SECTION
CONDITIONAL PERMIT WORKSHEET

PROJECT NAME _____ ADDRESS _____

PROPOSED USE _____

LEGAL _____

MAP # _____ ZONING _____ BZA/CUP _____ PB # _____ OTHER _____

THE ZONING IS PROPER FOR THE PROPOSED USE Y N

THE LEGAL DESCRIPTION IS PROPER FOR ISSUANCE OF A BUILDING PERMIT Y N

THE _____ HAS BEEN RECOMMENDED FOR APPROVAL BY MAPD Y N

THE _____ HAS BEEN APPROVED BY THE SUBDIVISION COMMITTEE Y N

THE _____ HAS BEEN APPROVED BY THE PLANNING COMMISSION Y N

THE _____ HAS BEEN APPROVED BY THE CITY COUNCIL Y N

THE _____ HAS BEEN APPROVED BY THE COUNTY COMMISSION Y N

THE LOT SPLIT HAS BEEN APPROVED BY THE DIRECTOR OF PLANNING Y N

THE ADMINISTRATIVE ADJUSTMENT (ZONING/CUP) HAS BEEN APPROVED Y N

COMMENTS _____

BUILDING PLANS EXAMINER _____ DATE _____

APPROVED FOR A CONDITIONAL PERMIT PER INFORMATION AND STIPULATIONS ABOVE ON
AND THE ATTACHED CONDITIONAL PERMIT REQUEST FORM.

SUPERINTENDENT OF OCI _____ DATE _____

COMMENTS _____